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The Commonwealth of Massachusetts

ANNUAL REPORT

OF

THE TRUSTEES

OF THE

WORCESTER STATE HOSPITAL

FOR THE

YEAR ENDING NOVEMBER 30, 1922

DEPARTMENT OF MENTAL DISEASES



JUL 31 1922

STATE HOUSE, BOSTON

MASS. OFFICIALS

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3OFFICERS OF THE WORCESTER STATE
HOSPITAL.

Annual report, 1922.

BOARD OF TRUSTEES.

JOHN G. PERMAN, D.D.S.								Worcester.
LUTHER C. GREENLEAF								Boston.
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MAE CARLSON BEMIS								Spencer.
WILLIAM J. DELAHANTY, M.D.								Worcester.
EDWARD F. FLETCHER, <i>Chairman</i>								Worcester.
HOWARD D. COWEE								Worcester.

MEDICAL STAFF.

WILLIAM A. BRYAN, M.D.								<i>Superintendent.</i>
MICHAEL J. O'MEARA, M.D.								<i>Assistant Superintendent.</i>
LEON E. DUVAL, M.D.								<i>Director, Clinical Psychiatry.</i>
GEORGE A. GAUNT, M.D.								<i>Senior Assistant Physician.</i>
CLARENCE A. WHITCOMB, M.D.								<i>Senior Assistant Physician.</i>
MERVIN FOSSNER, M.D.								<i>Senior Assistant Physician.</i>
MANLEY B. ROOT, M.D.								<i>(Pathologist).</i>
JOHN SAUCIER, M.D.								<i>Assistant Physician.</i>
HENRY P. WEYLER, M.D.								<i>Assistant Physician.</i>
JOHN P. POWERS, M.D.								<i>Assistant Physician.</i>
LOUIS PARÉ, M.D.								<i>Assistant Physician.</i>
LLOYD E. BYRD, D.D.S.								<i>Assistant Physician.</i>
								<i>Dentist.</i>

VISITING STAFF.

ERNEST L. HUNT, M.D.								<i>Surgeons.</i>
JOHN F. CURRAN, M.D. } .								
C. J. BYRNE, M.D. } .								
M. M. JORDAN, M.D. } .								
BENJAMIN T. BURLEY, M.D. } .								
WILLIAM F. HOLZER, M.D. } .								
FRANK E. STOWELL, M.D. } .								
JOHN W. O'MEARA, M.D. } .								
PHILLIP H. COOK, M.D. } .								
								<i>Neurologists.</i>
								<i>Ophthalmologist.</i>
								<i>Electro-therapist.</i>
								<i>Orthopædist.</i>
								<i>Roentgenologist.</i>

HEADS OF DEPARTMENTS.

FLORENCE M. WOOLDRIDGE, R.N.								<i>Superintendent of Nurses and Principal of Training School.</i>
MAURICE SCANNELL								<i>Supervisor, Male Department.</i>
JESSIE M. D. HAMILTON								<i>Treasurer.</i>
HERBERT W. SMITH								<i>Steward.</i>
LILLIAN G. CARR								<i>Matron.</i>
JOSEPH REYNOLDS								<i>Head Farmer.</i>
JAMES DICKISON, Jr.								<i>Chief Engineer.</i>
ANTON SWENSON								<i>Foreman Mechanic.</i>
MAUDE ROSE								<i>Head Occupational Therapist.</i>

The Commonwealth of Massachusetts

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Worcester State Hospital respectfully submit the ninetieth report of the hospital, appending a record of the various departments as reported by the Superintendent, Dr. William A. Bryan, also by the Treasurer, Miss Jessie M. D. Hamilton.

During the year the Honorable John E. White resigned from the Board of Trustees and Attorney Howard W. Cowee was appointed to fill the vacancy.

The trustees have studied the needs of both the Belmont and Summer Street Hospitals and urgently request that additional funds be provided to meet the demands of the State and City inspectors, which requirements are specified in the superintendent's report.

We feel assured that the past year has shown a greater development in the surgical and medical departments of both hospitals than was ever developed in any previous year. The splendid medical and surgical organizations established by Dr. Bryan is worthy of great consideration. The trustees heartily co-operate with the superintendent in the recommendations embodied in his report, knowing that same has been well thought out.

It is with a source of great pride that we mention the splendid progress made in the medical field. The organizing of a consulting staff composed of well known Worcester physicians guiding each specialty, by means of increased facilities for diagnosis and treatment, the patients at this hospital have been greatly benefited and physical ailments alleviated. The relief of physical distress aids greatly in mental recuperation.

MEDICAL OFFICE.

During the last year the medical office has been completely renovated, filing cabinets have been added and a dictaphone room provided. The comfort and convenience plus the pleasant situation of this room greatly aids the physicians in their daily work.

LIBRARY.

Among the other attractive changes is that of the library, which has been transferred to a large spacious and sunny room with 1,500 volumes readily accessible. Adjoining is the medical library where all the new works on medicine are available. The patients who are unable to attend the library are supplied daily with books on the ward.

DECORATIONS.

Over 1,000 new pictures have been placed on the wards.

We are of the firm belief that our superintendent, Dr. Bryan, has given his utmost consideration to every department, working beyond his strength in order to promote the best welfare of every inmate confined in both institutions.

Respectfully submitted,

EDWARD F. FLETCHER.

HOWARD W. COWEE.

JOHN G. PERMAN.

LUTHER C. GREENLEAF.

CAROLINE M. CASWELL.

WILLIAM J. DELAHANTY.

SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester State Hospital.

I herewith respectfully submit the following report of the Hospital for the year ending Nov. 30, 1922, it being the ninetieth annual report.

There remained on the Hospital books October 1, 1921, 2,367 patients, 1,240 men, and 1,127 women. During the year ending Sept. 30, 1921, there were admitted 611 patients — 347 men and 264 women. Five hundred and sixty-six patients — 326 men and 240 women, were discharged from the hospital. Of this number, 301 patients, 178 men and 123 women — were discharged; 222 patients — 122 men and 100 women — died; and 43 patients — 26 men and 17 women — were transferred, leaving at the end of the statistical year 2,451 patients — 1,273 men and 1,178 women. Two thousand and seventeen patients — 1,018 men and 999 women — were actually in the hospital. Of this number 1,833 were supported by the State, 93 by friends, and 91 as re-imbursing patients. Of the patients discharged, 31 were reported as recovered, 160 as improved, and 64 not improved. Forty-one patients — 27 men and 14 women — were discharged as not insane. Twenty men and ten women were transferred by the Department of Mental Diseases to the Gardner State Colony; 2 men and 2 women to the State Infirmary; 1 man and 2 women to the Boston State Hospital; 1 man to Dr. Channing's Sanitarium; 1 man to Herbert Hall; 1 man to the Bridgewater State Hospital; 1 woman to Dr. Ring's Sanitarium; and 1 woman to the Monson State Hospital. Twenty-two men and 9 women were removed from the State, and 21 men and 14 women were deported.

There remained in the hospital at the end of the year 37 less patients than at the beginning. The smallest number under treatment on any day was 2,040 patients, and the largest 2,110. The daily average was 2,029.46.

The percentage of recoveries, calculated upon the number of discharges and deaths, was 5.45, calculated upon the number of admissions, 5.07. The death rate was 7.3, calculated on the whole number of patients under treatment, and 10.9, calculated on the daily average number.

EX-SERVICE MEN.

During the year, there were 61 ex-service men committed to the hospital, 5 returned from trial visits, and 14 returned from escape. Thirty-three went out on a year's trial visit, 22 left the hospital without permission, 4 died, 5 were transferred to other hospitals for the insane, and 13 were discharged. On September 30th there were 50 ex-service men remaining in the institution.

The American Legion has aided us in making the lot of our ex-service men more comfortable by entertainments and by the regular visitations of a committee designated for this duty. They have further helped to obtain work for several patients and made it possible for them to return to their homes and once more take up their usual duties. The Disabled American Veterans have provided entertainments and have personally escorted large groups of our ex-service men to amusements and suppers in the city. The Red Cross have cheerfully from time to time rendered valuable aid.

Grateful acknowledgment is made to the Societies who have contributed gifts to our ex-service men during the year, and provided splendid entertainments at frequent intervals.

GENERAL HEALTH OF THE POPULATION.

The general health of the institution for the past year has been unusually good. I would mention, however, the accidental death by burning of a crippled patient at the Summer Street Department who fell into a bon-fire and who died despite immediate removal and treatment. Also a female patient at the Summer Street Department terminated her life by suicide. She was found hanged to death, by the Night Supervisor, in the water section. A male patient, who for years had had the freedom of the grounds, made his way to the Lake, weighted his pockets with stones and jumped into the Lake. His body was recovered, and the Medical Examiner attributed the cause of death to drowning. Two other cases of sudden death were also reported, and the causative factors determined as self-inflicted.

On September 28th, during fire-drill, an elderly patient fell down stairway and fractured a cervical vertebra, which caused death. An operative case died from ether narcosis, following an operation.

There have been no epidemic diseases occurring among the patients or employees.

PRINCIPAL CAUSES OF DEATHS.

Twenty-six per cent of all deaths were due to general arteriosclerosis; 14 per cent to general paralysis of the insane; 8 per cent due to cardio-vascular-renal disease, and 5 per cent each to chronic myocarditis, broncho pneumonia and pulmonary tuberculosis.

STAFF CHANGES.

The following changes have taken place on the medical staff of the hospital:—

Resignations.

George F. Caldicott, M.D., resigned February 14, 1922, to accept internship at Worcester City Hospital.

Franklyn P. Bousquet, M.D., resigned March 15, 1922, to internship at the Worcester City Hospital.

Harrison M. Stewart, M.D., resigned March 25, 1922, to return to United States Public Health Service, at Greenville, N. C.

E. Gwynne Merriweather, M.D., resigned May 1, 1922, to accept a position elsewhere.

Robert B. Harriman, M.D., a physician of very kindly disposition, and extremely thoughtful of his patients and associates, passed away June 5, 1922.

Claude Girardeau, M.D., resigned June 30, 1922, to accept a position elsewhere.

Clarence A. Bonner, M.D., resigned October 14, 1922, to accept a position as Assistant to the Commissioner of the Department of Mental Diseases.

Henry J. Emanuel, M.D., resigned October 30, 1922, to accept a position elsewhere.

Appointments.

Clarence A. Whitcomb, M.D., was appointed Senior Assistant Physician (Pathologist) February 2, 1922.

Mervin Fossner, M.D., was appointed Assistant Physician March 16, 1922.

E. Gwynne Merriweather, M.D., was appointed Assistant Physician March 29, 1922.

Claude Girardeau, M.D., was appointed Assistant Physician May 15, 1922.

Manley B. Root, M.D., was appointed Assistant Physician May 23, 1922.

Henry J. Emanuel, M.D., was appointed Assistant Physician June 12, 1922.

John Saucier, M.D., was appointed Assistant Physician August 1, 1922.

Louis Paré, M.D., was appointed Assistant Physician September 1, 1922.

John P. Powers, M.D., was appointed Assistant Physician September 15, 1922.

Henry P. Weyler, M.D., was appointed Assistant Physician November 13, 1922.

STUDENT INTERNES.

I am desirous of reporting splendid work done by our internes during the past summer. Lectures were given by various staff members and each interne prepared a thesis upon the subject which proved to be the most interesting to him. One of these has been published in the Boston Medical and Surgical Journal.

The following students served as internes during the past summer: —

Merrill R. Fox	Johns Hopkins University.
Charles E. Futch	University of Michigan.
A. Dale Kirk	University of Michigan.
John F. Sander	University of Michigan.
Esther Closson	Women's Medical College.
Helen F. Shrack	Women's Medical College.
Omins Von Ostrum (Dental)	Harvard Dental School.

MEDICAL ROUTINE.

The usual physical examinations, Wassermann tests and the typhoid-prophylaxis have been practiced and in addition each new patient and many of the old patients have had the eyes tested and a complete examination of the nose, throat and ears, and abnormal conditions found have been treated. The staff meetings have been held regularly and the staff luncheons continued.

A new system of case work has been inaugurated with an efficient manner arranged for preparing of notes and general case formation. The medical work has been increased and enlarged to the point where a full staff is kept fully employed. The operating room is active daily and consulting specialists in surgery, ophthalmoscopy, electrotherapy, orthopedics and Roentgenology have been appointed. This has aided us greatly in a more thorough preparation of cases and has shown a greatly increased number of physical defects which ordinarily would not have been noted and which have been studied in relation to the psychoses. The operating room equipment has been largely increased by the purchase of needed instruments. A static machine has been installed and has been found useful. The surgical service has worked out very nicely and each Saturday finds a number of operative cases ready. The visiting staff is apportioned to certain hours of each week and they have faithfully co-operated with us and we feel that the medical tone of the institution has been raised to the point where the patients are now receiving the benefits of the most modern and progressive methods.

Hydrotherapy. — Hydrotherapy has occupied a very prominent place in our treatment and records show that the results on the whole from this measure are very important.

Calisthenics. — Occupational Therapy and habit training — The Occupational Department has been increased by the addition of some very excellent workers who have established ward classes with the result that wards, especially on the female side, formerly very noisy, active and destructive, present a changed appearance. The patients, despite very active mental disturbances, enjoy this teaching. Calisthenics and also classes on the male side, have been continued and from time to time, as circumstances permitted, re-educational classes of the illiterate have been maintained.

MEDICAL REPORT.

Examination of the Blood. — Routine examinations of 279 R. B. C. and Hemoglobin Tests by Dare and Tallquist methods show the average Red Count to be 4,471,000 and the average Hemoglobin reading 81.6 per cent. A Red Count should be done on all cases where the Hemoglobin is below 81 per cent. The highest cell count was 6,350,000 and the lowest 1,500,000.

Report of the Ophthalmic Service. — In conjunction with the special service recently established an Ophthalmic Service has been organized under the direction of Dr. William F. Holzer. The aim of the service is to examine routinely the eyes of

every new patient and to prescribe treatment as indicated. Through the arrangement accurate refraction is done and glasses procured at a minimum cost. A new electro-ophthalmoscopic and trial case has recently been added to this equipment. This service has been of great usefulness:

List of Cases treated.

Sebaceous cysts of lid	1
Inflammation of conjunctiva	7
Cataract of lens:	
Mature	5
Incipient	1
Glaucoma:	
Chronic	2
Simple	1
Divergence of eyeball	3
Complete blindness	1
Optic atrophy	1
Plastic iritis	1
Trachoma	1
Staphyloma of cornea	2
Paralysis of eye muscles	1
Distichiasis	1
Impaired vision, necessitating glasses	32
Patients examined but not needing glasses	22

X-Ray Examinations of the Teeth. — The following conditions are revealed by X-ray examinations of the teeth: Frequently roots are entirely covered by gum tissue and often abscesses are concealed in this way. Cystic areas in bone are shown and many impacted molars have been revealed. The removal in many cases of this abnormality has resulted in a great deal of relief from a painful and irritating condition.

The following is the dental record:

Number of patients	3,630
Cleaning	3,164
Filling	2,043
Plates	27
Treatment	131
Teeth extracted	2,639
Repair of plates	24
Impacted teeth removed	37

Report of the X-Ray Department. — It is an obvious fact that the clinician, and since the last decade, the alienist, are gradually getting more dependent upon the X-Ray, and, as a matter of fact, their co-operation has proved to be mostly successful. Let us illustrate with a few examples:

In bone and abdominal surgery I would venture to say that in almost all cases a skiagraph is indispensable and, in fact, is ordered by the surgeon; on the other hand, in the presence of an early history of coughing, or slight thoracic pains, at that stage when both the stethoscope and the laboratory are unable to decipher the mystery, who is the internist who shall refuse the powerful help of the Roentgen rays to unravel the intricacies of his problem?

Even in our apparently limited domain of Psychiatry we have understood the necessity of possessing a department of Roentgenology, because both our surgical and medical clinics were in need of this valuable element of diagnosis.

The following figures are a demonstration of what we have done last year (November 30, 1921 to November 30, 1922).

Ankle exposures	14
Arm	4
Chest	16
Foot	6
Gastro-intestinal	7
Hand	28

Hip	12
Humerus	2
Jaw	7
Knee	6
Nose exposures	1
Leg	9
Neck	1
Pelvis	1
Shoulder	9
Spine	7
Skull	62
Wrist	7
Thigh	3
Rib	3
Colon	2
Clavicle	2
Total skiagraphs	227

SURGICAL REPORT, DECEMBER 1, 1921, TO DECEMBER 1, 1922.

The Hospital is now able to give the best of surgical treatment to patients and employees. The operating room is fully equipped and is functioning in a very satisfactory manner. Operations of choice are done Saturday of each week; emergencies are met as they arise. The organization of the surgical department is as follows:

1. Visiting Staff: Two consulting surgeons and four visiting surgeons.
2. House Staff: One member of the hospital staff. These men serve in rotation, the service in each case being three months.
3. Nurse in charge of the operating room.

Surgical cases are cared for in the hospital wards and complete clinical records are kept. All specimens removed at operation are submitted to the laboratory for examination. Full reports of the operation, clinical course and pathological reports are filed in the case records of the patients.

During the fiscal year fifty operations have been performed. Cure of the surgical condition has been secured in thirty-three cases; improvement has been secured in three cases; no improvement was secured in fourteen cases. No deaths have occurred which can be accounted for in any way in connection with the surgical condition.

Report of Surgical Operations.

Vaginal repair	3
Inguinal herniotomy	10
Gastroenterostomy	1
Circumcision	1
Excision of Sebaceous cyst	2
Hemorrhoidectomy	3
Ventral Herniotomy	4
Resection of prolapsed rectum	2
Fixation of uterus	2
Hysterectomy	1
Vaginal hysterectomy	1
Incision of abscess	2
Appendectomy	4
Cholecystectomy	1
Excision of lipoma	2
Incision of carbuncle	1
Lengthening of spermatic cord	1
Excision of fibroma	1
Amputation of leg	1
Gastrotomy	1
Thyroidectomy	1
Ligation of superior thyroid artery	2
Radical cure of hydrocele	1
Dilatation and curettage	1
Salpingectomy	1

REPORT OF THE OUT-PATIENT CLINICS.

There are at present two separate and distinct clinics. One is the neuro-psychiatric clinic at the Summer Street Department, and consists largely of consultation work. The other is the School Clinic, for the examination of retarded school children, and is a traveling clinic operating over a fairly large territory.

From December 1, 1921, to November 30th, inclusive, the Summer Street Clinic examined one hundred and twenty-two cases. No arithmetical or statistical data will be given, as it is thought that a review of the types of cases seen, sources of inflow to the clinic, and results obtained is more in order in this report.

Sources of inflow were Courts (particularly juvenile), welfare organizations, (Girls' Welfare Society, Children's Friendly Society, Jewish Welfare Society), other hospitals and their dispensaries, private physicians, interested relatives and individuals who come on their own initiative, District and School Nurses also sent many cases. The largest number of cases from any one source were those of the Girls' Welfare, who send all of their cases routinely, and studies of the subsequent histories of these girls have shown that the Clinic has helped materially in understanding their difficulties and helping them in making their readjustments.

Types of cases were many and varied. Two cases are cited as follows:

1. Adolescent boy, brought by court officer. Charged with indecent exposure. Found to be case of adolescent maladjustment. Recommend removal from school and hard physical labor. One year later, no repetition of offence, adjusting well.

2. Girl, 18, brought by sister. Hebephrenic Dementia Praecox. Committed to State Hospital.

These cases could be multiplied indefinitely, but space forbids. We will pass on to the School Clinic work, carried on at the request of and in co-operation with the State Department of Education. Two hundred and seventy children were examined between December 1, 1921, and November 30, 1922, inclusive. The work began in the early part of November, 1921, and approximately three hundred children have been studied to date. One full day per week, during the school year, is given to this work, which is carried on by one physician, one psychologist, and two social workers, together with assistance from school and district nurses, in the various localities where the clinics were held. An average of ten to twelve cases were examined each clinic day. The clinics are a part of a Statewide survey of backward school children, and the examinations are required by a recently-enacted State law. The children range from six to sixteen years of age chronologically, and we have found a range of mental ages from two and a half or three years up to normal. Some of the "retarded" children are found to be cases of maladjustment, due to physical disease, unwholesome environment, language difficulties (in foreigners) etc. In one town, out of twenty-one children selected as being backward in school, eighteen were found to have almost no knowledge of the English language. Physical disease as a basis for retardation was commonly found, and endocrine disease has been found in a number of well-marked cases.

REPORT OF THE SOCIAL SERVICE DEPARTMENT.

To the Superintendent.

The report of the Social Service Department for the year ending November 30, 1922, is herewith submitted. During the year there has been no change in the Social Service staff, which consists of two workers.

Some of the functions of the department are to contribute data relative to the cases of patients, to the physician, which may aid in their diagnostic work, to study outside conditions which will help in the placing of patients in the community, to visit patients who have left the hospital and aid them, if necessary, in securing financial help or employment and making known to them the educational and recreational opportunities of the community. Encouraging, helping, adjusting and advising constitute the four-fold work in the homes of the patients. We aim to bring the hospital and community into closer relationship for the benefit of the patients.

TABLE A. — *Sources of New Cases.*

	Males.	Females.	Totals.
Referred by physicians	121	136	257
Referred by agencies or hospitals	60	13	73
Referred by friends of patient	3	4	7
Referred by initiative of patient	2	3	5
Selected by social worker	15	22	37
	201	178	379

One hundred and eighty-four visits were made to patients who are on visit from the hospital and 178 to relatives during the year. There were at the beginning of the year 25 patients boarded by the hospital in families and at the close of the year 23 were in family care. The visits paid to this group of patients during the year was 110. 11 boarding homes were investigated, 7 proved satisfactory and 2 were unsuitable. 226 interviews were held for some definite purpose with patients on the ward.

In April, 1922, in an effort to do some constructive work with the younger girls on the wards, a Camp Fire group was started with Mrs. Mary Howgate Caldicott as guardian and Miss Maude H. Rose, Occupational Therapist, as assistant. The National organization authorized and chartered a group of 12 — giving the guardian the privilege of having a list of prospective members from whom they could draw when the mental condition of a regular member did not warrant her participation in the group activities. Due to the constant shifting it has been impossible to build up the correct *esprit de corps* but it is hoped that this lack will become less of an obstacle in time. For group activities, the greatest amount of time has been given to out of door work. During the winter group attention will be focussed on music and handicraft. It is our aim to make the organization a more valuable therapeutic agent for patients eligible for membership.

Often through the efforts of the Social Workers there is a changed attitude of the community towards the hospital and a better understanding of hospital methods and purposes. By invitation, we have spoken at the meetings of three organizations explaining our work. The senior worker has given a series of four lectures in Social Work to the seniors in the Nurses Training School.

In closing the report the department wishes to thank the outside agencies for their aid in supervising patients on visit and their help in various ways. We are also glad for the spirit of co-operation given us by other departments of the hospital and we are grateful to the physicians for their advice and interest in our work.

Respectfully submitted,

JENNIE A. HARRINGTON,
Social Worker.

REPORT OF LABORATORY WORK DURING THE YEAR 1922.

During the year 1922 the Laboratory has co-operated in a more intensive study of the physical conditions of the individual patient rather than the study of any particular disease process. This has included routine examination of all cases admitted to the Hospital. The counting of red blood corpuscles and hemoglobin determination have, during the past nine months, been routine on all admissions.

During the earlier part of the year a large portion of the time was consumed in the process of rehabilitation which has included the re-organization and increase of the Laboratory staff and in the purchase of new equipment resulting in a substantial increase in the scope of the Laboratory work.

During the summer a Benedict metabolism apparatus was purchased by the Hospital and this method of study is now available to the clinical staff. Trouble has been experienced in obtaining sufficient co-operation on the part of the patient to ensure correct determinations.

Bacteriological examination of the granulomata attached to the roots of extracted teeth has been made in all suitable cases. In the majority of these no growth on

culture media has been obtained but saprophytic bacteria has been found. In cases showing pathogenic bacteria vaccines have been made.

Supplies are now at hand and preparatory work is in progress for a quantitative chemical determination of the more important constituents of the blood. This form of examination will be available for the use of the clinical staff in the near future.

The Laboratory is also being equipped to do Wassermann examination of the blood for the detection of syphilis and other serological procedures.

The staff of the Laboratory has also assisted in the clinical examination and treatment of cases. This work has included ear, nose, throat and ophthalmoscopic examination and the treatment of patients infected with syphilis.

The following report shows the number of Laboratory examinations made during the year 1922.

Autopsies	48
Blood counts, red	396
Hemoglobin determinations	396
Blood cultures	6
Blood groupings	8
Bacteriological cultures	54
Bacteriological smears	75
Gastric analysis	5
Determination of metabolic rate	68
Renal functions (phenolphthalein)	86
Sputums	43
Spinal fluid examinations	88
Lange colloidal gold examinations (sp. Fl.)	76
Shick tests	3
Vaccines	15
Urinalysis	694
Widal	2
Microscopic sections	157

RELIGIOUS SERVICES.

Religious services have been held regularly each Sunday at both the main hospital and the Summer Street Department for our Catholic, Protestant and Jewish patients. Response to sick calls and the rites of their religion to the dying have been faithfully made by members of the clergy.

REQUIREMENTS.

The hospital refrigerator is not satisfactory, and because of the antiquated ice box method of storage there is a loss in food stuffs. This could be eliminated by an up-to-date refrigerating plant. I would call attention to the advisability of a congregate dining room in which food could be served much more efficiently and in a more pleasing manner to the patients.

The recent fire in the Manhattan State Hospital causes us to mention with emphasis the necessity of altering our seven wooden staircases, which increase the danger greatly in the event of fire; also the need of a sprinkler system both in the main building and at Summer Street and certain new fire escapes.

A general store house to care for the large purchase receipts is quite necessary since the establishment of the new purchasing department and should be given careful consideration. Last year the hospital avenue was made very satisfactory by special preparation, but the hard winter will necessitate further work on this roadway.

Again more attention will have to be given the trees on the grounds which were injured so badly in the ice storm of 1921.

On the Phillips Wards of the female side new plumbing is needed to replace the old and antiquated style now in use. New plumbing and reconstruction is needed at the Summer Street Department to properly prepare the hydrotherapy department for the proposed new function of this institution. New regulators to control the inflow of hot water in the hydrotherapeutic department is recommended.

PROJECTS COMPLETED.

Apart from the minor repairs, alterations and usual new constructions, the following projects have been completed:

The basement on the female side has been cemented, a new cement floor made in the garage. The store rooms have been rebuilt and a new system inaugurated. Many of the wards have been renovated and painted. Development of the land at the lake corner has begun and a new stone wall started. The main building has been partly rescreened. At the Summer Street Department much repairing and ward renovating has been carried out, also new plumbing and floor relaying has been done.

Thanks are due to the following physicians for their aid in preparing the special parts of this report: Drs. Duval, Gaunt, Whitcomb, Fossner, Root, Saucier and Weyler, and to Miss Harrington for the Social Service Report.

I desire to express my gratitude to the Board of Trustees for the splendid co-operation and support given me during the year. They have at all times been ready and willing to render valuable advice and assistance and have given freely of their time and counsel. In addition I take this opportunity of making public acknowledgement of the interest and excellent support given me by the officers and employees of the hospital.

WILLIAM A. BRYAN,
Superintendent.

Nov. 30, 1922.

VALUATION.

Nov. 30, 1922.

REAL ESTATE.

PERSONAL PROPERTY.

SUMMARY.

Real estate	\$2,586,980	53
Personal property	392,769	17
	<hr/>	
	\$2,979,749	70

TREASURER'S REPORT.

To the Department of Mental Diseases.

I respectfully submit the following report of the finances of this institution for the fiscal year ending November 30, 1922:—

CASH ACCOUNT.

Balance December 1, 1921	\$21,032 72
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Receipts.

Income.

Board of inmates:

Private	\$39,418 52
Reimbursements, insane	46,075 97
	<hr/>
	\$85,494 49

Personal services:

Reimbursement from Board of Retirement	183 29
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Sales:

Travel, transportation and office expenses	\$0 10
Food	163 68
Clothing and materials	131 59
Furnishings and household supplies	187 74
Medical and general care	5 53
Heat, light and power	86 00

Farm:

Cows and calves	\$110 00
Hides	46 33
Sundries	11 57
	<hr/>
	167 90

Garage, stable and grounds	60 96
Repairs, ordinary	247 20
	<hr/>

1,050 70

Miscellaneous:

Interest on bank balances	\$1,201 54
Rent	724 20
	<hr/>
	1,925 74
	<hr/>

\$88,654 22

Receipts from Treasury of Commonwealth.

Maintenance appropriations:

Balance of 1921	\$21,389 24
Advance money (amount on hand November 30)	96,000 00
Approved schedules of 1922	558,453 23
	<hr/>
	675,842 47

Special appropriations:

Balance of 1921	\$518 92
Approved schedules of 1922	5,739 89
	<hr/>
	6,258 81

Total	\$791,788 22
-----------------	--------------

Payments.

To treasury of Commonwealth:

Institution income	\$88,654 22
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Maintenance appropriations:

Balance of schedules of previous year	\$42,421 96
Approved schedules of 1922	558,453 23
November advances	18,502 26
Advanced on October schedule	50,736 52
	<hr/>
	670,113 97

Amount carried forward	\$758,768 19
----------------------------------	--------------

Amount brought forward		\$758,768 19
Special appropriations:		
Balance of schedules of previous year		\$518 92
Approved schedules of 1922		5,739 89
November advances		3 98
Advanced on October schedule		237 92
		6,500 71
Balance, November 30, 1922:		
In bank		\$26,302 86
In office		216 46
		26,519 32
Total		\$791,788 22

MAINTENANCE.

Balance from previous year, brought forward		\$226 36
Appropriation, current year		692,285 00
Total		\$692,511 36
Expenses (as analyzed below)		661,191 87
Balance reverting to treasury of Commonwealth		\$31,319 49

Analysis of Expenses.

Personal services		\$299,161 98
Religious instruction		1,825 00
Travel, transportation and office expenses		8,783 97
Food		129,423 04
Clothing and materials		16,879 17
Furnishings and household supplies		36,457 21
Medical and general care		28,380 41
Heat, light and power		61,712 40
Farm		28,447 26
Garage, stable and grounds		7,694 82
Repairs, ordinary		27,962 46
Repairs and renewals		14,464 15

Total expenses for maintenance		\$661,191 87
--------------------------------	--	--------------

SPECIAL APPROPRIATIONS.

Balance December 1, 1921		\$19,291 60
Appropriations for current year		—
Total		\$19,291 60
Expended during the year (see statement below)		\$5,982 94
Reverting to treasury of Commonwealth		647 71
		6,630 65
Balance November 30, 1922, carried to next year		\$12,660 95

OBJECT.	Act or Resolve.	Whole Amount.	Expended during Fiscal Year.	Total expended to Date.	Balance at End of Year.
Water supply	Chap. 95, Res. 1919	\$11,385 00	—	\$11,207 64	\$177 36*
Worcester department, heating system ¹	Chap. 123, Res. 1917	3,758 72	\$2,643 89	3,288 37	470 35*
Alterations in heating shaft	Chap. 203, Acts 1921	16,000 00	3,339 05	3,339 05	12,660 95
		\$31,143 72	\$5,982 94	\$17,835 06	\$13,308 66

* Balance reverting to treasury of the Commonwealth
Balance carried to next year \$347 71
12,660 95

Total as above \$13,308 66

¹ Transferred from Grafton State Hospital Dec. 1, 1919.

RESOURCES AND LIABILITIES.

Resources.

Cash on hand		\$26,519 32
November cash vouchers (paid from advance money):		
Account of maintenance	\$18,502 26	
Account of special appropriations	241 90	
Account of October schedule	50,736 52	
	<hr/>	<hr/>
	69,480 68	
	<hr/>	<hr/>
October schedule		\$96,000 00
Due from treasury of Commonwealth from available appropriation account		4,736 52
November, 1922, schedule		2,002 12
Special appropriation		243 05
	<hr/>	<hr/>
		\$102,981 69

Liabilities.

Outstanding schedules of current year:		
Schedule of November bills	\$52,002 12	
Schedule of October bills	50,736 52	
	<hr/>	<hr/>
		\$102,738 64
Special appropriation:		
November	\$3 98	
October bills	239 07	
	<hr/>	<hr/>
		243 05
	<hr/>	<hr/>
		\$102,981 69

PER CAPITA.

During the year the average number of inmates has been 2,049.01.

Total cost for maintenance, \$661,191.87.

Equal to a weekly per capita cost of \$6.2055.

Receipt from sales, \$1,050.70.

Equal to a weekly per capita of \$0.0098.

All other institution receipts, \$87,603.52.

Equal to a weekly per capita of \$0.8221.

Net weekly per capita \$5.3736.

Respectfully submitted,

JESSIE M. D. HAMILTON,
Treasurer.

Examined and found correct as compared with the records in the office of the Auditor of the Commonwealth.

ALONZO B. COOK,
Auditor.

STATEMENT OF FUNDS.

PATIENTS' FUND.		
Balance on hand November 30, 1921	.	\$11,264 57
Receipts	.	14,508 62
Interest	.	373 01
		<hr/>
Refunded	.	\$16,588 57
Interest paid to State treasury	.	373 01
		<hr/>
		16,961 58
		<hr/>
		\$9,184 62

Investment.

LEWIS FUND.		
Balance on hand November 30, 1921	.	\$1,642 79
Income	.	65 54
		<hr/>
Expended for entertainments, etc.	.	\$1,708 33
		<hr/>
		144 40
		<hr/>
		\$1,563 93

Investment.

WHEELER FUND.		
Balance on hand November 30, 1921	.	\$6,372 74
Income	.	265 35
		<hr/>
Expended for entertainments and magazines	.	\$6,638 09
		<hr/>
		510 34
		<hr/>
		\$6,127 75

Investment.

MANSON FUND.		
Balance on hand November 30, 1921	.	\$1,278 69
Income	.	46 81
		<hr/>
Expended for entertainments	.	\$1,325 50
		<hr/>
		198 00
		<hr/>
		\$1,127 50

Investment.

Fourth Liberty Loan bonds	.	\$1,100 00
Balance Worcester Bank and Trust Company	.	27 50
		<hr/>

Respectfully submitted,

JESSIE M. D. HAMILTON,
Treasurer.

Nov. 30, 1922.

N. B. — The values assigned to the above securities are their respective purchase prices.

STATISTICAL TABLES.

AS ADOPTED BY AMERICAN PSYCHIATRIC ASSOCIATION.

PRESCRIBED BY MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES.

TABLE 1.—*General Information.*

1. Date of opening as an institution for the insane:	Jan. 18, 1833.		
2. Type of institution:	State.		
3. Hospital plant:			
Value of hospital property:			
Real estate, including buildings	\$. 2,586,980 53		
Personal property	392,769 17		
Total	\$. 2,979,749 70		
Total acreage of hospital property,	589.16.		
Acreage under cultivation during previous year,	263.75.		
4. Medical service:	Men. Women. Totals.		
Superintendent	1	—	1
Assistant physicians	11	—	11
Medical internes	—	—	—
Dentist	1	—	1
Total physicians	13	—	13
5. Employees on pay roll (not including physicians):	Men. Women. Totals.		
Graduate nurses	1	17	18
Other nurses and attendants	100	82	182
All other employees	98	79	177
Total employees	199	178	377
6. Patients employed in industrial classes or in general hospital work on date of report	Men. Women. Totals.		
7. Patients in institution on date of report (excluding paroles)	577 631 1,208		
	1,009 1,015 2,024		

TABLE 2.—*Financial Statement.*

See treasurer's report for data requested under this table.

TABLE 3.—*Movement of Patient Population for the Year ending Sept. 30, 1922.*

	INSANE.				TEMPORARY CARE.				SANE, VOLUNTARY.				TOTAL ON BOOKS.			
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	
1. Patients on books of institution Sept. 30, 1921	1,236	1,124	2,360	4	2	6	—	—	1	1	1	1	1,240	1,127	2,367	
Admissions during year:																
(a) First admissions	250	188	438	26	10	36	2	1	3	278	199	477				
(b) Readmissions	64	57	121	5	7	12	1	1	1	69	65	134				
Total admissions	314	245	559	31	17	48	2	2	4	347	264	611				
(c) Transfers from other institutions for the insane	9	25	34	—	—	—	—	—	—	9	25	34				
Nominally admitted for change of status	3	2	5	—	—	—	—	—	—	3	2	5				
2. Total received during year	326	272	598	31	17	48	2	2	4	359	291	650				
3. Total under treatment during year	1,562	1,392	2,958	35	19	54	2	3	5	1,599	1,418	3,017				
Discharged from books during year:																
(a) As recovered	18	9	27	3	1	4	—	—	—	21	10	31				
(b) As improved	86	70	156	2	2	4	—	—	—	88	72	160				
(c) As unimproved	33	25	58	6	6	12	—	—	—	39	25	64				
(d) As not insane	7	3	10	18	8	26	2	3	5	27	14	41				
(e) Transferred to other institutions for the insane	26	17	43	—	—	—	—	—	—	26	17	43				
(f) Died during year	121	99	220	1	1	2	—	—	—	122	100	222				
(g) Nominally dismissed for change of status	—	—	—	3	2	5	—	—	—	3	2	5				
4. Total discharged from books during year	291	223	514	33	14	47	2	3	5	326	240	566				
5. Patients remaining on books of institution Sept. 30, 1922	1,271	1,173	2,444	2	5	7	—	—	—	1,273	1,178	2,451				
<i>Supplementary Data.</i>																
6a. Average daily number of patients on books during year	1,249.92	1,121.55	2,371.47	5.72	3.78	9.50	.05	.50	.55	1,255.69	1,125.83	2,381.52				
6b. Average daily number of patients actually in the institution during year	1,035.30	984.11	2,019.41	5.72	3.78	9.50	.05	.50	.55	1,041.07	988.39	2,029.46				
7a. Average daily number of patients in family care	—	19.55	19.55	—	—	—	—	—	—	—	—	19.55				
7b. Average daily number of patients on visit and escape	214.62	117.80	322.51	—	—	—	—	—	—	214.62	117.89	332.51				
8. Number of voluntary patients admitted during year	7	15	22	—	—	—	—	—	—	2	2	4				
9. Number of temporary cases admitted during year	—	—	—	169	89	258	—	—	—	169	89	258				
10. Number of patients actually remaining in institution Sept. 30, 1922	1,016	994	2,016	2	5	7	—	—	—	1,018	999	2,017				
State	963	873	1,826	91	76	93	—	—	—	955	878	1,833				
Reimbursing	—	—	—	—	—	—	—	—	—	37	54	91				
Private	—	—	—	26	67	93	—	—	—	26	67	93				

TABLE 3.—Movement of Patient Population for the Year ending Sept. 30, 1922—Concluded.

TABLE 4. — *Nativity of First Admissions and of Parents of First Admissions.*

NATIVITY.	PATIENTS.			PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
United States	124	95	219	42	46	88	43	43	86
Albania	1	—	1	1	1	2	—	—	—
Armenia	6	—	6	6	6	12	1	—	1
Austria	—	1	1	—	—	—	1	1	2
Belgium	—	—	—	1	—	1	—	—	—
Canada	22	26	48	30	29	59	35	36	71
Denmark	—	—	—	2	1	3	—	—	—
England	4	7	11	9	6	15	12	8	20
Finland	4	2	6	4	4	8	2	2	4
France	—	—	—	1	—	1	—	—	—
Germany	2	—	2	3	2	5	—	—	—
Greece	5	—	5	5	5	10	—	—	—
Ireland	26	16	42	54	54	108	32	37	69
Italy	10	6	16	10	10	20	6	6	12
Japan	1	—	1	1	1	2	—	—	—
New Zealand	—	—	—	—	—	—	1	1	2
Poland	12	9	21	14	13	27	10	10	20
Roumania	—	1	1	—	—	—	1	1	2
Russia	21	8	29	23	23	46	9	9	18
Scotland	—	4	4	3	4	7	4	5	9
South America	2	—	2	2	2	4	—	—	—
Spain	1	—	1	1	1	2	—	—	—
Sweden	5	5	10	5	6	11	7	7	14
Switzerland	1	—	1	1	1	2	—	—	—
Syria	1	1	2	1	1	2	1	1	2
Turkey in Asia	1	1	2	1	1	2	1	1	2
West Indies	—	5	5	—	—	—	5	5	10
Total foreign born	125	92	217	178	171	349	128	130	258
Unascertained	1	1	2	30	33	63	17	15	32
Grand totals	250	188	438	250	250	500	188	188	376

TABLE 5. — *Citizenship of First Admissions.*

	Males.	Females.	Totals.
Citizens by birth	124	95	219
Citizens by naturalization	26	18	44
Aliens	80	67	147
Citizenship unascertained	20	8	28
Totals	250	188	438

TABLE 6.—*Psychoses of First Admissions.*

		Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic, total							
(a) Traumatic delirium		1	-	1			1
(b) Traumatic constitution		-	-	-			-
(c) Post traumatic mental enfeeblement (dementia)		-	-	-			-
(d) Other types		-	-	-			-
2. Senile, total							
(a) Simple deterioration		12	20	32		17	28
(b) Presbyophrenic type		-	-	-			-
(c) Delirious and confused types		-	-	-			-
(d) Depressed and agitated types		-	-	-			-
(e) Paranoid types		5	7	12			
(f) Pre-senile type		-	-	-			-
(g) Other types		-	1	1			-
3. With cerebral arteriosclerosis							24
4. General paralysis							26
5. With cerebral syphilis							3
6. With Huntington's chorea							1
7. With brain tumor							-
8. With other brain or nervous diseases, total							-
(a) Cerebral embolism		-	-	-			-
(b) Paralysis agitans		-	-	-			-
(c) Meningitis tubercular, or other forms (to be specified)		-	-	-			-
(d) Multiple sclerosis		-	-	-			-
(e) Tabes dorsalis		-	-	-			-
(f) Acute chorea		-	-	-			-
(g) Other diseases		-	-	-			-
9. Alcoholic, total							21
(a) Pathological intoxication		-	-	-			-
(b) Delirium tremens		2	-	2			-
(c) Korsakow's psychosis		-	-	-			-
(d) Acute hallucinosis		6	1	7			-
(e) Chronic hallucinosis		7	1	8			-
(f) Acute paranoid type		2	-	2			-
(g) Chronic paranoid type		-	-	-			-
(h) Alcoholic deterioration		4	1	5			-
(i) Other types, acute or chronic		-	-	-			-
10. Due to drugs and other exogenous toxins, total							1
(a) Opium (and derivatives) cocaine, bromides, chloral, etc., alone or combined (to be specified)		1	-	1			-
(b) Metals, as lead, arsenic, etc. (to be specified)		-	-	-			-
(c) Gases (to be specified)		-	-	-			-
(d) Other exogenous toxins (to be specified)		-	-	-			-
11. With pellagra							-
12. With other somatic diseases, total							2
(a) Delirium with infectious diseases		-	-	-			-
(b) Post-infectious psychoses		2	-	2			-
(c) Exhaustion delirium		-	1	1			-
(d) Delirium of unknown origin		-	-	-			-
(e) Cardiorenal disease		-	-	-			-
(f) Diseases of the ductless glands		-	-	-			-
(g) Other diseases or conditions (to be specified)		-	-	-			-
13. Manic-depressive, total							12
(a) Manic type		5	9	14			-
(b) Depressed type		7	18	25			-
(c) Stuporous type		-	-	-			-
(d) Mixed type		-	3	3			-
(e) Circular type		-	-	-			-
(f) Other types		-	-	-			-
14. Involution melancholia							2
15. Dementia Praecox, total							51
(a) Paranoid type		32	29	61			-
(b) Catatonic type		7	8	15			-
(c) Hebephrenic type		4	6	10			-
(d) Simple type		8	-	8			-
(e) Other types		-	-	-			-
16. Paranoia or paranoid conditions							4
17. Epileptic, total							3
(a) Epileptic deterioration		1	-	1			-
(b) Epileptic clouded states		2	-	2			-
(c) Other epileptic types (to be specified)		-	-	-			-

TABLE 6.—*Psychoses of First Admissions*—Concluded.

			Males.	Females.	Totals.	Males.	Females.	Totals.
18. Psychoneurosis and neuroses, total	.	.	.	.	.	2	1	3
(a) Hysterical type	.	.	1	—	1			
(b) Psychasthenic type	.	.	—	1	1			
(c) Neurasthenic type	.	.	—	1	1			
(d) Anxiety neuroses	.	.	1	—	1			
(e) Other types	.	.	—	—	—			
19. With psychopathic personality	.	.	.	.	.	—	1	1
20. With mental deficiency	.	.	.	.	.	9	11	20
21. Undiagnosed	.	.	.	.	.	65	39	104
22. Without psychosis, total	.	.	.	.	.	7	5	12
(a) Epilepsy	.	.	—	2	2			
(b) Alcoholism	.	.	—	—	—			
(c) Drug addiction	.	.	—	—	—			
(d) Psychopathic personality	.	.	2	1	3			
(e) Mental deficiency	.	.	4	2	6			
(f) Others	.	.	1	—	1			
Totals	.	.	.	.	.	250	188	438

TABLE 7.—*Race of First Admissions classified with Reference to Principal Psychoses.*

RACE.	TOTAL.	TRAUMATIC.	SENTI.	WITH CEREBRAL ARTERIO- SCLEROSIS.	GENERAL PARALYSIS.	WITH CEREBRAL SYPHILIS.	ALCOHOLIC.	DUE TO DRUGS AND OTHER EX- OGENOUS TOXINS.			WITH OTHER SOMATIC DISEASES.		
								Males.	Females.	Total.	Males.	Females.	Total.
African (black)	1	4	5	—	—	1	—	—	—	—	—	—	—
Albanian	1	1	1	—	—	—	—	—	—	—	—	—	—
Armenian	6	—	6	24	—	5	—	—	—	—	—	—	—
English	8	16	24	—	—	5	—	—	—	—	—	—	—
Finnish	4	2	6	—	—	3	—	—	—	—	—	—	—
French	22	22	44	—	—	5	—	—	—	—	—	—	—
German	1	3	4	—	—	—	—	—	—	—	—	—	—
Greek	5	5	11	—	—	—	—	—	—	—	—	—	—
Hebrew	7	4	11	—	—	7	7	14	8	2	10	4	1
Irish	57	34	91	—	—	—	—	—	—	—	—	—	—
Italian	10	6	16	—	—	1	—	—	—	—	—	—	—
Japanese	1	1	1	—	—	—	—	—	—	—	—	—	—
Lithuanian	5	12	17	—	—	—	—	—	—	—	—	—	—
Portuguese	1	1	1	—	—	—	—	—	—	—	—	—	—
Scandinavian	7	7	14	—	—	—	—	—	—	—	—	—	—
Scotch	3	5	8	—	—	—	—	—	—	—	—	—	—
Slavonic	23	11	34	—	—	—	—	—	—	—	—	—	—
Spanish American	1	1	1	—	—	—	—	—	—	—	—	—	—
Syrian	1	1	2	—	—	—	—	—	—	—	—	—	—
Turkish	1	1	2	—	—	—	—	—	—	—	—	—	—
West Indian	58	49	107	1	—	1	4	8	12	6	11	7	1
Mixed	24	18	42	—	—	1	3	4	4	1	5	3	1
Race unascertained	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	250	188	438	1	—	1	17	28	45	24	13	37	26
										3	1	4	21
										30	3	1	24
										21	1	—	1
										3	2	1	3

TABLE 7.—Race of First Admissions classified with Reference to *Principal Psychoses*—Concluded.

TABLE 8.—Age of First Admissions classified with Reference to *Principal Psychoses*.

TABLE 8.—*Age of First Admissions classified with Reference to Principal Psychoses*—Concluded.

TABLE 9.—*Degree of Education of First Admissions classified with Reference to Psychoses.*

PSYCHOSES,	TOTAL,		ILLITERATE,		READS AND WRITES,		COMMON SCHOOL,		HIGH SCHOOL,		COLLEGE,		UNASER-TAINED.	
	Males,	Females,	Males,	Females,	Males,	Females,	Males,	Females,	Males,	Females,	Males,	Females,	Males,	Females,
1. Traumatic	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2. Sonile	28	45	4	4	8	6	7	12	19	1	4	2	2	1
3. With cerebral arteriosclerosis	13	37	1	1	3	3	10	8	18	1	1	3	1	5
4. General paralysis	26	4	30	1	1	1	2	18	2	1	1	5	1	1
5. With cerebral syphilis	3	1	4	1	1	1	1	1	1	1	1	1	1	1
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	21	3	24	1	4	1	5	7	1	1	1	1	1	4
9. Alcoholic	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	1	1	1	1	1	1	1	1	1	1	1	1	1	1
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	—	—	2	1	3	—	—	—	—	—	—	—	—	—
13. Manic-depressive	12	30	42	—	4	4	1	1	1	1	2	1	1	1
14. Involution melancholia	2	6	—	—	1	1	5	7	4	4	6	7	13	5
15. Dementia, praecox	51	93	4	4	1	1	1	1	1	1	31	60	6	2
16. Paranoia and paranoid condition	4	2	6	—	1	1	—	—	—	—	2	1	1	1
17. Epileptic	3	—	3	1	—	1	—	—	—	—	1	2	—	—
18. Psychoneuroses and neuroses	—	2	1	3	—	—	1	1	1	1	1	1	—	—
19. With psychopathic personality	—	2	1	1	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	9	11	20	1	3	4	2	2	4	6	11	7	1	1
21. Undiagnosed	65	39	104	9	8	17	12	5	17	26	18	44	12	13
22. Not insane	7	5	12	1	—	1	1	—	1	4	8	1	2	—
Totals	250	188	438	29	22	51	41	25	66	128	105	233	23	15

TABLE 10. — *Environment of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			URBAN.			RURAL.			UNASCERTAINED.		
	MALES.	FEMALES.	TOTAL.	MALES.	FEMALES.	TOTAL.	MALES.	FEMALES.	TOTAL.	MALES.	FEMALES.	TOTAL.
1. Traumatic	1	14	15	28	45	73	24	38	52	7	4	11
2. Senile	17	24	41	37	50	87	31	41	72	6	2	1
3. With cerebral arteriosclerosis	24	33	57	30	25	55	29	1	30	1	1	1
4. General paralysis	26	4	30	25	4	30	21	1	22	1	1	1
5. With cerebral syphilis	3	1	4	3	1	4	1	1	2	1	1	1
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	21	3	24	21	3	24	1	3	4	1	1	1
10. Due to drugs and other exogenous toxins	1	1	2	1	1	2	1	1	2	1	1	1
11. With pelagra	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	2	1	3	1	2	3	1	1	2	1	3	1
13. Manic-depressive	12	30	42	12	30	42	12	28	40	12	22	2
14. Involution melancholia	2	6	8	2	6	8	2	4	6	2	4	2
15. Dementia praecox	51	43	94	48	39	87	31	37	68	3	4	7
16. Paranoia or paranoid condition	4	2	6	4	2	6	2	6	8	1	1	1
17. Epileptic	3	1	4	3	1	4	1	3	4	1	1	1
18. Psychoneuroses and neuroses	2	1	3	2	1	3	1	1	2	1	1	1
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	9	11	20	9	11	20	9	11	20	1	1	1
21. Undiagnosed	65	39	104	63	38	101	10	10	20	1	3	2
22. With psychosis	7	5	12	6	4	10	1	1	2	1	1	2
Totals	250	188	438	236	172	408	14	16	30	—	—	—

TABLE 11.—*Economic Condition of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			DEPENDENT.			MARGINAL.			COMFORTABLE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
2. Senile	17	28	45	11	15	26	13	19	32	4	9	13	4	9	13
3. With arteriosclerosis	24	37	61	5	5	10	4	4	8	1	1	2	1	1	2
4. General paralysis	26	30	56	4	4	8	1	1	2	1	1	2	1	1	2
5. With cerebral syphilis	3	4	7	1	1	2	1	1	2	1	1	2	1	1	2
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	21	3	24	1	1	2	1	1	2	1	1	2	1	1	2
10. Due to drugs and other exogenous toxins	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	2	1	3	1	1	2	1	1	2	1	1	2	1	1	2
13. Manic-depressive	12	30	42	2	2	4	5	5	10	20	25	50	7	12	32
14. Involution inclemencia	2	6	8	1	1	2	1	1	2	4	5	10	2	3	10
15. Dementia praecox	51	43	94	7	3	10	38	21	59	6	19	25	—	—	—
16. Paranoia or paranoid condition	4	2	6	—	—	—	3	1	4	1	1	2	—	—	—
17. Epileptic	3	—	3	—	—	—	—	2	—	2	1	1	—	—	—
18. Psychoneuroses and neuroses	2	1	3	—	—	—	—	2	—	2	1	1	—	—	—
19. With psychopathic personality	—	1	1	—	—	—	1	1	—	—	—	—	—	—	—
20. With mental deficiency	9	11	20	1	1	2	7	10	17	1	—	—	1	2	3
21. Undiagnosed	65	39	104	4	1	5	52	28	80	8	1	16	1	—	—
22. Without psychosis	7	5	12	1	1	2	5	1	6	1	3	4	—	—	—
Totals	250	188	438	30	22	52	179	106	285	39	57	96	2	3	5

TABLE 12.—*Use of Alcohol by First Admissions classified with Reference to Principal Psychoses.*

Psychoses.	TOTAL.				ABSTINENT.				TEMPERATE.				INTEMPERATE.				UNASCERTAINED.			
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
1. Traumatic	1	1	17	28	1	1	16	17	16	9	25	1	1	1	1	1	1	1	1	1
2. Senile	1	1	17	28	1	1	14	12	14	5	19	2	2	4	4	4	4	2	2	2
3. With arteriosclerosis	1	1	24	37	1	1	18	2	20	3	1	4	1	1	1	1	1	1	1	1
4. General paralysis	1	1	26	30	1	1	2	2	2	2	1	1	1	1	1	1	1	1	1	1
5. With cerebral syphilis	1	1	3	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
6. With Huntington's chorea	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
7. With brain tumor	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
8. With other brain or nervous diseases	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
9. Alcoholic	1	1	21	3	24	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10. Due to drugs and other exogenous toxins	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
11. With pellagra	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
12. With other somatic diseases	1	2	12	30	42	4	21	25	5	5	10	1	1	1	1	1	1	3	3	6
13. Manic-depressive	1	2	12	30	6	8	1	3	5	3	10	1	1	1	1	1	1	1	1	1
14. Involution melancholia	1	2	51	43	94	15	21	36	16	16	46	2	2	6	8	4	4	1	1	4
15. Dementia praecox	1	4	4	2	6	1	2	3	2	2	42	1	1	1	1	1	1	1	1	1
16. Paranoia or paranoid condition	1	3	1	3	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1
17. Epileptic	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
18. Psychoneuroses and neuroses	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
19. With psychopathic personality	1	1	9	11	20	5	5	10	3	5	8	12	4	4	12	12	12	1	2	
20. With mental deficiency	1	1	65	39	104	6	19	25	34	12	4	2	6	4	8	4	12	17	1	1
21. Undiagnosed	1	7	12	3	2	5	5	4	5	4	12	6	6	4	4	4	17	1	1	1
22. Without psychosis	1	7	12	3	2	5	5	4	5	4	12	6	6	4	4	4	17	1	1	1
Totals	188	438	42	101	143	133	59	192	39	16	55	36	12	48	36	12	48	36	12	48

TABLE 13.—*Marital Condition of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSIS,	TOTAL.		SINGLE.		MARRIED.		WIDOWED.		SEPARATED.		DIVORCED.		UNSCR-TAINED.	
	MALES.	FEMALES.	MALES.	FEMALES.	MALES.	FEMALES.	MALES.	FEMALES.	MALES.	FEMALES.	MALES.	FEMALES.	MALES.	FEMALES.
1. Traumatic	1	1	1	1	10	7	7	16	23	10	14	14	1	1
2. Senile	17	28	45	13	24	1	3	7	5	19	8	16	3	2
3. With cerebral arteriosclerosis	24	37	51	1	1	2	1	1	4	2	1	1	1	2
4. General paralysis	26	4	30	7	1	8	14	2	1	3	1	1	1	1
5. With cerebral syphilis	3	1	4	1	1	2	1	1	1	1	1	1	1	1
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	21	3	24	8	1	9	9	1	10	3	1	4	1	1
10. Due to drugs and other exogenous toxins	1	1	—	—	—	—	—	—	—	1	1	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	2	1	3	1	1	—	1	1	2	1	1	—	1	1
13. Manic-depressive	12	30	42	9	9	9	18	3	17	20	5	—	4	4
14. Involution melancholia	2	6	8	2	2	2	2	5	5	11	13	24	3	3
15. Dementia praecox	51	43	94	40	25	65	65	11	11	13	13	1	1	1
16. Paranoia and paranoid conditions	4	2	6	3	2	1	5	1	1	1	1	—	1	1
17. Epileptic	3	—	3	2	1	2	2	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	2	1	3	2	1	—	1	1	—	—	—	—	—	—
19. With psychopathic personality	—	1	1	—	—	—	1	1	1	—	—	—	—	—
20. With mental deficiency	9	11	20	9	7	16	16	4	4	10	6	16	1	2
21. Undiagnosed	65	39	104	27	9	36	25	24	49	—	—	—	1	2
22. Without psychosis	7	5	12	7	5	12	7	5	12	—	—	—	—	—
Totals	250	188	438	123	68	191	85	77	162	33	38	71	3	4
													2	4
													2	2
													2	4

TABLE 14. — *Psychoses of Readmissions.*

PSYCHOSES.									
	Males.			Females.		Totals.			
	Males.			Females.		Totals.	Males.		
1. Traumatic, total	-	-	-
(a) Traumatic delirium			
(b) Traumatic constitution	-	-	-	-	-	-			
(c) Post-traumatic mental enfeeblement (dementia)	-	-	-	-	-	-			
(d) Other types	-	-	-	-	-	-			
2. Senile, total	2	2	4
(a) Simple deterioration	.	.	.	2	1	3			
(b) Presbyophrenic type	-	-	-	-	-	-			
(c) Delirious and confused types	-	-	-	-	-	-			
(d) Depressed and agitated types	-	-	-	-	-	-			
(e) Paranoid types	-	-	-	1	1	2			
(f) Pre-senile type	-	-	-	-	-	-			
(g) Other types	-	-	-	-	-	-			
3. With cerebral arteriosclerosis	3		3
4. General paralysis	3	2	5
5. With cerebral syphilis	-		
6. With Huntington's chorea	-		
7. With brain tumor	-		
8. With other brain or nervous diseases, total	-		
(a) Cerebral embolism	.	.	.	-	-	-			
(b) Paralysis agitans	-	-	-	-	-	-			
(c) Meningitis tubercular or other forms (to be specified)	-	-	-	-	-	-			
(d) Multiple sclerosis	-	-	-	-	-	-			
(e) Tabes dorsalis	-	-	-	-	-	-			
(f) Acute chorea	-	-	-	-	-	-			
(g) Other diseases	-	-	-	-	-	-			
9. Alcoholic, total	5	1	6
(a) Pathological intoxication	-	-	-	-	-	-			
(b) Delirium tremens	-	-	-	-	-	-			
(c) Korsakow's psychosis	-	-	-	-	-	-			
(d) Acute hallucinosis	-	-	-	-	-	-			
(e) Chronic hallucinosis	-	-	-	1	1	2			
(f) Acute paranoid type	-	-	2	-	2	4			
(g) Chronic paranoid type	-	-	-	-	-	-			
(h) Alcoholic deterioration	-	3	-	-	3	6			
(i) Other types, acute or chronic	-	-	-	-	-	-			
10. Due to drugs and other exogenous toxins, total	-		
(a) Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined (to be specified)	-	-	-	-	-	-			
(b) Metals, as lead, arsenic, etc. (to be specified)	-	-	-	-	-	-			
(c) Gases (to be specified)	-	-	-	-	-	-			
(d) Other exogenous toxins	-	-	-	-	-	-			
11. With pellagra	-		
12. With other somatic diseases, total	-	1	1
(a) Delirium with infectious diseases	-	-	-	-	-	-			
(b) Post-infectious psychoses	-	-	-	1	1	2			
(c) Exhaustion delirium	-	-	-	-	-	-			
(d) Delirium of unknown origin	-	-	-	-	-	-			
(e) Cardiorenal disease	-	-	-	-	-	-			
(f) Diseases of the ductless glands	-	-	-	-	-	-			
(g) Other diseases or conditions (to be specified)	-	-	-	-	-	-			
13. Manic-depressive, total	9	22	31
(a) Manic type	-	6	8	-	14	27			
(b) Depressed type	-	2	14	-	16	22			
(c) Stuporous type	-	-	-	-	-	-			
(d) Mixed type	-	1	-	-	1	2			
(e) Circular type	-	-	-	-	-	-			
(f) Other types	-	-	-	-	-	-			
14. Involution melancholia	-		
15. Dementia praecox, total	25	16	41
(a) Paranoid type	-	15	10	-	25	50			
(b) Catatonic type	-	4	2	-	6	12			
(c) Hebephrenic type	-	3	2	-	5	10			
(d) Simple type	-	3	2	-	5	10			
(e) Other types	-	-	-	-	-	-			
16. Paranoic or paranoid condition	-		
17. Epileptic, total	2	2	2
(a) Epileptic deterioration	-	-	-	-	-	-			
(b) Epileptic clouded states	-	2	-	-	2	4			
(c) Other epileptic types (to be specified)	-	-	-	-	-	-			

TABLE 14. — *Psychoses of Readmissions* — Concluded.

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
18. Psychoneuroses and neuroses, total
(a) Hysterical type	.	.	.	-	-	-
(b) Psychasthenic type	.	.	.	-	-	-
(c) Neurasthenic type	.	.	.	-	-	-
(d) Anxiety neuroses	.	.	.	-	-	-
(e) Other types	.	.	.	-	-	-
19. With psychopathic personality	2
20. With mental deficiency	2
21. Undiagnosed	8
22. Without psychosis, total	1
(a) Epilepsy	.	.	.	-	-	-
(b) Alcoholism	.	.	.	-	-	-
(c) Drug addiction	.	.	.	-	-	-
(d) Psychopathic personality	.	.	.	2	2	2
(e) Mental deficiency	.	.	.	1	-	1
(f) Others	.	.	.	-	-	-
Totals	64
			.	.	.	57
			.	.	.	121

TABLE 15.—Discharges of Patients classified with Reference to Principal Psychoses, and Condition on Discharge.

Psychoses.	TOTAL.		RECOVERED.		IMPROVED.		UNIMPROVED.		NOT INSANE.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
1. Traumatic	-	-	-	-	-	-	-	-	-	-
2. Senile	2	2	2	2	2	2	2	2	1	1
3. With cerebral arteriosclerosis	7	2	9	1	7	1	8	1	1	1
4. General paralysis	5	1	2	1	4	1	2	1	1	1
5. With cerebral syphilis	1	1	2	1	1	1	1	1	1	1
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	-	-	-	-	-	-	-
9. Alcohol	12	4	16	6	1	7	5	2	2	2
10. Due to drugs and other exogenous toxins	1	-	1	1	1	1	1	1	1	1
11. With pelagra	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	-	-	-	-	-	-	-	-	-
13. Manic-depressive	19	1	25	44	7	7	14	8	13	21
14. Involution melancholia	2	9	11	1	1	1	9	10	4	5
15. Dementia praecox	63	39	102	-	-	-	28	21	20	31
16. Paranoia or paranoid condition	2	1	3	1	2	1	3	2	1	1
17. Epileptic	1	1	4	4	4	1	4	4	1	1
18. Psychoneuroses and neuroses	-	-	-	-	-	-	3	1	3	4
19. With psychopathic personality	-	-	-	-	-	-	1	2	1	3
20. With mental deficiency	-	-	-	-	-	-	10	2	12	3
21. Undiagnosed	-	-	-	-	-	-	2	-	3	7
22. Not insane	7	3	10	-	-	-	-	-	-	3
Totals	144	107	251	18	9	27	86	70	156	33
							25	58	7	10

TABLE 16.—*Causes of Death of Patients classified with Reference to Principal Psychoses.*

TABLE 16.—*Causes of Death of Patients classified with Reference to Principal Psychoses*—Continued.

TABLE 17.—*Age of Patients at Time of Death classified with Reference to Principal Psychoses.*

Psychoses.	Total.	YEARS.					
		UNDER 15.	15-20.	20-25.	25-30.	30-35.	35-40.
1. Traumatic	20	32	52	—	—	—	—
2. Senile	24	14	38	—	—	—	—
3. With cerebral arteriosclerosis	26	6	32	—	—	—	—
4. General paralysis	1	2	3	—	—	—	—
5. With cerebral syphilis	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—
8. With other brain or nervous diseases	11	2	13	—	—	—	—
9. Alcoholic	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—
12. With other somatic diseases	6	11	17	—	—	—	—
13. Manic-depressive	—	—	—	—	—	—	—
14. Involution melancholia	17	4	4	—	—	2	2
15. Dementia praecox	—	18	35	—	2	—	4
16. Paranoia or paranoid conditions	—	4	4	—	—	1	—
17. Epileptic	—	1	1	2	—	—	—
18. Psychoneuroses and neuroses	—	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	—
20. With mental deficiency	—	2	1	3	—	—	—
21. Undiagnosed	—	11	3	14	—	—	—
22. Without psychosis	—	1	—	1	—	—	—
Totals	121	99	220	—	—	3	8
				2	—	3	6
				—	—	4	4
				—	—	5	3
				—	—	6	7
				—	—	8	13

TABLE 17.—*Age of Patients at Time of Death classified with Reference to Principal Psychoses*—Concluded.

TABLE 18.—*Total Duration of Hospital Life of Patients dying in Hospital classified according to Psychoses.*

TABLE 18.—*Total Duration of Hospital Life of Patients dying in Hospital classified according to Psychoses*—Concluded.

YEARS.	PSYCHOSES.																				
	5-10.			10-15.			15-20.			20-25.			25-30.			30-40.			40-50.		
	Males.			Females.			Males.			Females.			Males.			Females.			Males.		
1. Traumatic	-	-	-	-	-	-	-	1	3	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	-	-	-	-	-	-	-	3	1	4	-	-	-	-	-	-	-	-	-	-	-
3. With cerebral arteriosclerosis	-	-	-	-	-	-	-	3	1	1	-	-	-	-	-	-	-	-	-	-	-
4. General paralysis	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
5. With cerebral syphilis	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-	-	-
9. Alcoholic	-	-	-	-	-	-	-	2	1	3	-	-	-	-	-	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	-	-	-	-	-	-	1	4	5	-	-	-	-	-	-	-	-	-	-	-
13. Manic-depressive	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
14. Involution melancholia	-	-	-	-	-	-	-	8	8	8	-	-	-	-	-	-	-	-	-	-	-
15. Dementia praecox	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
16. Paranoia or paranoid condition	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
17. Epileptic	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
21. Undiagnosed	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
22. Without psychosis	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
Totals	-	-	-	-	-	-	-	12	19	31	4	3	7	5	2	7	2	7	1	2	3

TABLE 19. — *Family-care Department.*

	Males.	Females.	Totals.
Remaining Sept. 30, 1921	-	22	22
Admitted within the year	-	29	29
Nominally returned from visit for discharge	-	-	-
Whole number of cases within the year	-	51	51
Dismissed within the year	-	28	28
Returned to the institution	-	26	26
Discharged	-	-	-
Died	-	2	2
Visit	-	-	-
Escaped	-	-	-
Remaining Sept. 30, 1921	-	23	23
Supported by State	-	13	13
Private	-	5	5
Self-supporting	-	5	5
Number of different persons within the year	-	41	41
Number of different persons admitted	-	26	26
Number of different persons dismissed	-	22	22
Daily average number	-	19.55	19.55
State	-	10.88	10.88
Private	-	4.74	4.74
Self-supporting	-	4.93	4.93

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